VS A1S (4) 1SM 10/S7

01817

1813

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylan	b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Cambridge	c. LENGTH OF STAY IN IB		side corporote limits, write RL	
d. NAME OF HOSPITAL (If not in hospital, give street on Institution At home - 506 Washingto	oddress)	d. STREET ADDRESS 506 Washing	ton ST.	e. IS RESIDENCE ON A FARM? YES NO RES
3. NAME OF DECEASED (Type or print) William	Middle F. Ap	plegarth	DATE Mont OF DEATH Feb	Day Year 23. 19 59
s. sex 6. COLOR OR RACE 7. MARR Male White WIDOWE		8. DATE OF BIRTH ot 2, 1.880	9. AGE (In years lost birthday) 78 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocey Ret.	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or Maryland	fareign country)	12. CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME George Applegarth	n	14. MOTHER'S MAIDEN NA Hester Wr		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give wor or doles of service)		nformant s William Appl	egarth Camb	ridge Maryland
DUE TO Canditians, if any, which gave rise to immediate couse (o), storing the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS COUNTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	is school	NOT RELATED TO THE TERMINA CO C. (Enter noture of injury in Por		EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO I
	Not while for or work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 7. 19	-/23 , 19.57	(County) (State) That I last saw the deceased and on the date stated above DATE SIGNED 7/72//92//
PHYSICIAN'S LJWPENCE 220. BURDYAL (SPACING) PENDYAL (SPACING)	Maryano		bridge, N 2d. LOCATION (City, lown, o	r county) (State)
REMOVAL (Specify) Feb 25, 1959 23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service	ADDRESS		BY REGISTRAR 24b. REGIS	mbridge Maryland TRAR'S SIGNATURE UM S. Physics

TRACTO HADE IN THE PARTY OF THE		DT TREMITA		
	E HOLL		CERTIFICA	2177
				Santa Straight Sea
		et Unitedan Le montet pat		

DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate sho execute the certificate, writing the word "pending" 4 shauld be forwed to the Chief Medical Exami TO FUNERAL DIRECTOR: Page 3 should be used as an its designated agent, prior to barial, cremation

VS. A15ME 5M 2/57

< H	FE	A POOL	R	1 S1 H
a 24 hours after death. If any delay is necessary, please I	in pencil in Hem 18. Give Pages 1, 2, and 3 to the funeral director. Page 31	ith form PM3. Page 5 may be retained for your files.	t. File pages 1 and 2 with the State Board Bealth, 1. X	ony event within 72 hours ofter death.
executed withi	cil in Hem. 18.	Office along wi	1-transit permit	moval, and in
ould be	in pen	iner's C	5 burio	or re

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	29 Etem 9	Fil	m G 239 3/3/59	9 22				Reg. Dis	st. No.		
1. PLACE OF DEATH	LUAU			2. USUAL	RESIDENCE (V	Where deceas	sed lived. If institu	tion: Resider	nce befo	re odmi	ission)
a. COUNTY DO	rchester		MARYLAND	o. STAT	Marv	land	b. COUNT	Y Dorc	hest	ter	
b. CITY OR TOWN (IF	outside carparate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY			porote limits, write	RURAL ond	give nee	orest to	wn)
and give nearest town;	Cambridge		5 years	X	DED	# 7	Cambri da				
		If not in hos	spital, give street address)	d. STRE	ET ADDRESS	<i>II</i> ± 9	Cambridg	C			ESIDENCE
Hom e				/							A FARM?
3. NAME OF DECEASED	Fir	sf	Middle		Lost	4. DATE	Mont	h	Doy	Y	eor
(Type or print)	Arth	ur	Во	ivin		DEATH	2		12	1	9'59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF B	RTH		9. AGE (In years tost birthday)	IF UNDER		-	ER 24 HRS.
M	W	WIDOWE		Augu		1892	\$7 66 ··	Months [Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of working life, even if retired)	done 10b. I	(IND OF BUSINESS OR INDU	STRY 11. BIRT	HPLACE (Stote	or foreign o	country)	12. CITI2	ZEN OF	WHAT	COUNTRY?
Dining car	steward		Rail Raod	Ot	tawa,	Canada	B	U	ISA		
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME					
Not know	m			N	ot kno	wn					
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT			Address				
no				Hilda	H. Bo:	ivin.	RFD # 1.	Cambr	idae	a. M	[d.
18. CAUSE OF DEA	TH [Enter only one car	se per line	for (a), (b), and (c).						INTERV	AL BETWE	EEN
PART I. DEAT	H WAS CAUSED BY:		Coronary occl	ນອາດກ					-	nsta	
420.	IMMEDIATE CAUSE (6)		Oblinary occi	USTOIL					1	11000	A110
Conditions, if o	diote couse								-		
(o), stoting the	The second section of the section of the second section of the section of the second section of the se										
couse lost.	J (c)		ONTRIBUTING TO DEATH BUT	NOT BELATED	TO THE TERM	IIAIAI DICEAC	E CONDITION ON	(FALIAL DARY	14-1/10	24445	ALITORCY
PART II. OTH	IEK SIGNIFICANI CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOI KELATEL	TO THE TERM	IINAL DISEAS	E CONDITION GIV	VEN IN PAKI			RMED?
PART II. OTH	USE WAS NTRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRED.	(Enter noture	of injury in Por	rt I or Port II	of item 18.)				
3 20c. TIME OF INJU	RY Month, Day, Ye	or 20d.		ACE OF INJUI			y or town)	(Cou	nty)		(State)
Hour o.m.	19	While of we	e Not while	ctory, street, o	fice bldg., etc	.)					
			remains described ab	ove held	an Autons		nspection K.	Inquir		an	d in my
			* Show	_			print.		loud.		d in my
opinion death	resulted from:	Natural	causes [4], Accident	L, 5016	ide [],	Homicide	Undere	ermined m	nanner		
ACTUAL	X		1			general general				DATE S	IGNED
SIGNATURE	film	Re	- 1	M.D.	F MEDICAL E	_					
EXAMINER'S					STANT MEDIC	_	_		- /	100	
NAME (Type)	John Mace	Jr.		DEP	JTY MEDICAL	EXAMINER.			2/12	159	
220. BURIAL, CREMATIC REMOVAL [Specify]	N, 22b. DATE THEREC	OF .	22c. NAME OF CEMETERY C	R CREMATOR	1	22d. LOCA	TION (City, town,	or county)		(State	a)
Burial	2/15/59		Parkwood Ce	emetary		Par	kville, E	Balto	Co M	id-	
23. FUNERAL DIRECTOR			ADDRESS		240. REC	D 8Y REGIST	TRAR 246. REGI	STRAR'S SIG	NATURE		
Le Compte	Funeral S	erv i	ce, Cambridge,	Md.	DATE	EB 17	59 0	bithun &	Kan	1.0	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE	OF	DEA	TH
	CERTIFICATE	CERTIFICATE OF	CERTIFICATE OF DEA

	-	3	L	0	4	-

	181	4	CERTI	FICA	TE OF D	EATH			Reg. D	ist. No.		
1. PLACE OF DEATH 0. COUNTY Dorchest	er		MARY	LAND	2. USUAL RESID		ere deceased	b. COUNT			re admiss	ion)
b. CITY OR TOWN (If RURAL and give nee	outside corporate limi	its, write	LENGTH OF STAY	IN 1b	c. CITY OR TO			rote limits, write	RURAL and	give ned	rest town)
d. NAME OF HOSPITA OR INSTITUTION Cambrid	AL (If not in hospitol, ge Marylan	give street od ad Hos	3 Days Idress) Sp.		d. STREET AI		40					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Brazi		Middle	G	Bramble		4. DATE OF DEATH	Feb	17	Do		Year 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	DIVORCE		Feb 16,	_		9. AGE (In years lest birthdoy) 02 yrs	Months	R I YEAR Doys	Hours Hours	R 24 HRS. Min.
Waterman	N (Give kind of working life, even if retired	done 10b. Ki	nd of Business of Seafood	R INDUST		ACE (Stote o	or foreign c	ountry)	12. C	U S		COUNTRY
13. FATHER'S NAME George	Bramble				14. MOTHER'S Man		adre					
IS. WAS DECEASED EVER	IN U. S. ARMED FOI		5 20 4971		rs B G I	Bramb]	le	Bishops	dress Head	Ma	ryla	nd
PART I. DEAI 4443 X Conditions, if or gove rise to in cause (a), stoting t lying couse lost.	he under-))	Hypert Hypert	less	Hema vi C	vb.	D			ONS	Z	DEATH
20g ACCIDENT WA	ER SIGNIFICANT CON	ist	PIER HOW INJURY O	4					IVEN IN PA	(RT 1(a) 1	PERFC	AUTOPSY PRMED? NO 🔀
OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Ye	ar 20d. INJ While of work	URY OCCURRED Not while at work		CE OF INJURY (Fory, street, office			or town)		(County)		(State)
21. I certify the alive on 2 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	deceased , 19 S	and the same of th	death	, 19.57 occurred at	930		n the causes freet, city or town	and on			decease ed abave ATE SIGNEI
220. BURIAL, CREMATION PREMOVACI (Specify)	Feb 19,		name of cem Dorchest			k		TION (City, town Oridge	or county Mary		(Stat	e)
23. FUNERAL DIRECTOR'S LeCompte Fun	signature ieral Serv.	ice C	ambridge	Mar	yland		BY REGIS	0	SISTRAR'S S			



ANARYMNO STATE DEPARTMENT OF HEALTH PALEMONE, THE	

DUE TO

DUE TO

Day, Year

21. I certify that I attended the deceased from

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

Conditions, if ony, which gove rise to immediate

cosse (a), stating the underlying couse last.

20c. TIME OF INJURY Month,

o. m

ACTUAL

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

220. BURIAL, CREMATION, 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

04004

CATE OF DEATH		Reg. Dis		1,19	(2)
2. USUAL RESIDENCE (Where deceases o. STATE ALY (a)	b. COUNTY	Har	ce:	ste	2.
16 c. CITY OR TOWN (If our side corporal Berlin)	prote limits, write RI	JRAL and g	ive nec	rest town)
d. STREET ADDRESS					FARM?
Coffin. 4. DATE OF DEATH	Febru	ary	Do		Year 1959.
B. DATE OF BIRTH 3 413/98	9. AGE (In years lost birthday)	Months	YEAR Days	Hours	Mih.
NDUSTRY 11. BIRTHPLACE (State or foreign o	ountry)	12. CITI		F WHAT	COUNTRY?
14. MOTHER'S MAIDEN NAME COLCE Tro	roler.				
Ecotern THORES.	taite 14	ess	Eco	C	,
opneumonia	1	1	ONS	RVAL BE ET AND	TWEEN DEATH
orclerons.		74			
tia Praecox, C.	ataton	ie.	ગ્ર	culto	il yeu
BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 1	PERFO	AUTOPSY RMED? NO 🔼
JRRED. (Enter nature of injury in Part 1 or Par	t II of item 18.)				
e. PLACE OF INJURY (Home, farm, 20f. (City factory, street, office bldg., etc.)	or town)	(C	ounty)		(State)
eath occurred at 14:20 AM, from ADDRESS (S	n the Causes a	nd on th	e da	te state	deceased ed above. ATE SIGNED 7/59
<u>S</u>		1	1		1

for use as the burial-transit remaval, TO FUNERAL DIRECT page 3 shauld be

MEDICAL

VS A15 (4)

ADDRESS

20b. DESCRIBE HOW INJURY OCC

Not while at work at work

20d. INJURY OCCURRED

22c. NAME OF CEMETERY OR CREMATORY

EYERGAGEN

DATE

24b. REGISTRAR'S SIGNATURE

(State)

22d. LOCATION (City, town, or county)

	TARD ROST		8021	
		DIAMES IN	i	
	()			
				ATTACK TO SERVICE
			1	
The feet was a full street				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

OF DEATH	CERTIFICATE	, ", Z	
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A STATE OF THE STA			
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VS A15 (4) 15M 9/55 67

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18	3
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1815 CERTIFICATE OF DEATH

2010	keg. Dist. r	10.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE b. COUNTY	efore admission)
DOrchesler MARYLAND	NIATYLAND DORCHE	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give	nearest tawn)
CAMbridge Like	X	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
CAMBridge Md. Hospilal	G. STREET ADDRESS 133 PINE ST.	YES NO P
3. NAME OF DECEASED (Type or print)	Lost 4. DATE Month OF DEATH	Day Year 1259
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
MEGro WIDOWED DIVORCED	Sept. 15 1876 Sept. Manths Day	s Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		OF WHAT COUNTRY
LOGOVEY MONE	Dorchecter U.	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Cornish	Selbelle LAWS.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [1] (If yes, give wor or dotes of service)	Address Address	1
NO 220-09-8306 C	recessor Courses CAMIL	ref gend
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		NTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: Cardiac Decom	mensation	NSET AND DEATH
420.0 DUE TO		
Conditions, if ony, which) (b) Arteriosclerot	cic heart disease	
gave rise to immediate Que TO		
lying cours last		
(6)	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	VIO WAS AUTOPSY
TATE OF THE SECTION O	THE TENNINAL DISEASE CONDITION GIVEN IN TAKE 10	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part 11 of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunt	ty) (Stote)
Haur a. jn. While Not while for	ctary, street, office bldg., etc.)	(31016)
	20 = 0.50	
21. I certify that I attended the deceased from August	, 1958, to February 1,1959, that I last	saw the deceased
alive on February 11, 1959, and that death	occurred atM, from the causes and on the c	date stated above.
() La San	ADDRESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE TOWN FACULY	M.D. 227 Pine St-Cambridge, Md.	-2-12-59
as Proceed a business of the second of the s		
PHYSICIAN'S J. Edwin Fassett, M.D.		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d/LOCATION (Çity, tawn, or county)	(Stote)
Bury DU 2-14-1959 Bitte OC	genety (DXILV idea	Nid.
23. FUNERAL DIRECTOR'S SIGNATURE APORESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT	TURE
Xeon Vo day CANALY	DATEEB 25'59 Outling S. Kins	
	71.	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

the haspital or attending physician.

may be retained by TO FUNERAL DIRECT

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

	4004						Reg. Dis	it. No.	
1. PLACE OF DEATH a. COUNTY DOI	rchester	MÁRYLAI	- 11	USUAL RESIDENCE (Who. STATE		l lived. If institution b. COUNTY		ce before admir	ision)
b. CITY OR TOWN (If RURAL and give ne rural Cambi		8 months	Ъ	c. CITY OR TOWN (If o Pocomoke	City	rote limits, write R	URAL ond g	give nearest tow	n)
d. NAME OF HOSPITM OR INSTITUTION Eastern Sho	At (If not in hospital, give ore State Ho	street oddress) spital		d. street address Oak Stre	eet			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First ISAA	Middle JAMES	COAIN	Last IGTON	4. DATE OF DEATH	Feb. 18	th	Day	Yeor 1959
5. SEX male	1	MARRIED NEVER MARRIED		7/26/71		9. AGE (In years lost birthday) 87 yrs.		Days Hours	-
10a. USUAL OCCUPATIO during most of work printer	N (Give kind of work done ing life, even if retired)	Newspaper	NDUSTRY	11. BIRTHPLACE (Stole Md.	or foreign co	ountry)	12. CIT	IZEN OF WHA	T COUNTRY
13. FATHER'S NAME			14	. MOTHER'S MAIDEN N	IAME				
William C	Covington			Anna I)isha:	roon			
	R IN U. S. ARMED FORCES If yes, give wor or dates of service	0)	East			Add		ds	
Conditions, if or gove rise to in course (o), stating the lying course lost.	nmediate DUE TO	Coronary thre							
S	enile Psycho						'EN IN PART	PERF	AUTOPSY ORMED?
	MEDICAL EXAMINER)	D. DESCRIBE HOW INJURY OCCU							
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED 20d. While Not while of work	factory,	OF INJURY (Home, farm, street, office bldg., etc.	20f. (City	or town)	(0	County)	(Stote)
actual SIGNATURE		ceased from June 1957, and that de Dredge dge	eath ac	curred at 8.35 A	M, from	the causes of reet, city or town,	ind an th stote)	ne date stat	
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	2-20-59	22c. NAME OF CEMETER Crisfield				Sfield	.,	(Sie vland	te)
23, FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Pocomo	HIS F	24a. REC'1	FEB 2	RAR 24b. REGIS	STRAR'S SIC	SNATURE	

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VS A1S (4) 1SM 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01825 Reg. Dist. No.

183	O CERTIFIC	ATE OF DEATH	R	eg. Dist. No.
1. PLACE OF DEATH O'CHES!	ER, MARYLAND	O STATE - /T	e deceased lived. If institution:	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, we RURAL and Dive nearest town)	ite c. LENGTH OF STAY IN 16	CHESTER	ide carparate limits, write RURA	
d. NAME OF HOSPITAL (IF not in hospital give s OR INSTITUTION EASTEZH. SH	reet oddress) re 51. Hospita	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First ANAME ANAME	Louis,	E DILL,	DATE Month OF DEATH FEE'ZU	
	MARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH 86.		UNDER YEAR IF UNDER 24 HRS. anths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WN KNOWN.	10b. KIND OF BUSINESS OR INC	DUSTRY 11/ BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
JOHN CONI	YELLY.	14. MOTHER'S MAIDEN NAM	ýE /S,	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Easternste	DRE STate +	tospital.
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), and (c).] 'Bronchop'	HEUMONIA.		INTERVAL BETWEEN ONSET AND DEATH COLLYS,
Conditions, if any, which gave rise to immediate couse (a), stating the <u>underlying</u> Couse last.	generali	zeol artes	zionelezos	is several yz
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 201. 202. 203. ACCIDENT WAS UNDERLYING 204. 205. 205. 205. 205. 205. 205. 205. 205	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Par	t I ar Port II af item 18.)	
Hour o.m.		foctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decadive an February Sinnon Viz		th accurred at 6:30.P. M	6-C. 20, 1959, the , fram the causes and o DRESS (Street, city or town, stat ORESTATE HOOK	17 3/100/10
PHYSICIAN'S SIMON VIE	KUTIS.			
220. BURIAL, CREMATION, 22b. DATE THEREOF	9 New Ber	or Crematory 22	New Bem	N.C.
23. FUNERAL DIRECTOR'S SIGNATURE FUN	eval Home	Mad PATE PEB	2 4 '59 24b. REGISTRA 2 4 '59 Orthu	R'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 01826 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND crehes b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) TON d. NAME OF HOSPITAL (If not in hospitat, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 0 am brid YES NO NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH Q 1959 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months WIDOWED -DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most/of working life, even if retired) Eacher ophoo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate DUE TO cosse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) Hour a. m. Not while at work at work p. m. 21. I certify that I attended the deceased from DUW ... 1959 that I last saw the deceased , and that death accurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S J. Edwin Fassett. M.D. NAME (Type) 22b. DATE THEREOF 229-BURIAL CREMATION. 22e-NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or county) page 0 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

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1817 CERTIFICATE OF DEATH ral director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 O FUNERAL DIRECTION After this certificate has been signed by the attending physician and campletely filled in by the fun page 3 should be depended for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouther registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. 6 e haspital ar attending physician. may be retained by the TO FUNERAL DIRECT VS A15 (4) 15M 9/55

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		Reg. Dist	No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
Dorchester	MARYLAND	o. STATE Maryland b. COUNTY Dorch	ester
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
RURAL ond give nearest town) Cambridge	15 vrs	/3 Cambridge	
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	e. IS RESIDENCE
or institution Cambridge-Maryla	and Hospital	150 Washington Street	ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Lost 4. DATE Manth	Day Yeor
(Type or print) Wilev		Floyd DEATH Feb.	15. 1959
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
Male Negro WIDOW		7117 V 4, 1904 lost birthdoy) Months 0	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU		EN OF WHAT COUNTRY
during most of working life, even if retired) Laborer	Lumbering	Tifton, Georgia	USA
13. FATHER'S NAME	namper arig	14. MOTHER'S MAIDEN NAME	UDA
Frank Flor	7.7	Elizabeth Johns	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	7 4/4	Elizabeth Johns NFORMANT Address	
(Yes, no, or unknown) (If yes, give war or dates of service)		Mary Stanley, Cambridge, Md.	
		Mary Stanley, Cambridge, Md.	
18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY:	ine for (0), (b), and (c).	att M.D.	ONSET AND DEATH
IMMEDIATE CAUSE (o)	illenorar a	uoma of the colon	1,
15 5,8 DUE TO		0	
Conditions, if any, which (b)			
gove rise to immediate DUE TO			
lying couse lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(o) 19. WAS AUTOPSY
TA I			PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DE	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING 20b. DET OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (Co	unty) (Stote)
Hour o. m. 10 While	Not while ta	ctory, street, office bldg., etc.)	(5.5.5)
	120 16	13 7.1 15 17	
21. I certify that I attended the decea	sed fram. The T	1957, to Jel 15, 1959, that I la	st saw the deceased
alive on Feb 14, 19	27, and that death	accurred at 7:00 A-M, from the causes and an the	date stated above
3/0/ 10,	1.0	ADDRESS (Street, city or town, state)	DATE SIGNE
SIGNATURE FLOOR H.	Juson,	M.D. Chubredgl, Mg	2/18/19
PHYSICIAN'S #P: /.L-	1 11/1000	1)	
NAME (Type) FT // TON	+ WILSON	, M.J.	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
Burial 2/18/1959	Waugh Ceme	tery Cambridge, Maryl	land
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	100
Herher M Stack	cambridge Cambridge	e, Md. DATE FEB 2 4 '59 Cattern &	. Thatia

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	1831	CERTIFIC	CATE OF DE	ATH		Reg. Dist. N	o,	O
1. PLACE OF DEATH o. COUNTY Dorchester		MARYLAN	o. STATE	VCE (Where decease	b. COUNTY	ani Residence be	fore admissi	on)
b. CITY OR TOWN (If outside carpo RURAL and give nearest town) rural Cambridge	prote limits, write	c, LENGTH OF STAY IN 1	b c. CITY OR TOV	WN (If outside corpo	orote limits, write R	URAL ond give r	earest tawn)
d. NAME OF HOSPITAL (If not in h OR INSTITUTION Eastern Shore Sta			d. STREET ADD	1	ow 1			DENCE FARM? NO 🗵
3. NAME OF DECEASED (Type or print)	First	Middle	gare	4. DATE OF DEATH	Fe &	th 1		rear 1957
5. SEX 6. COLOR O	WIDOWI		Jan	1885	9. AGE (In years last birthday) yrs.	Months Days		R 24 HRS Min.
10g. USUAL OCCUPATION (Give kind during most of working life, even Wholesale Groc	of work dane 10b. if retired)	Grocey	Mar	· y Land	cauntry)	12. CITIZEN	S A	COUNTR
13. FATHER'S NAME Charles	and a second		Emma	Robbins				
1S. WAS DECEASED EVER IN U. S. AR/ (Yes. no. or unknown) [If yes, give wor o	or dates of service)		7. INFORMANT Eastern Shor	re State	Hospital			
PART I. DEATH WAS CAU IMMEDIATE (450,0 Conditions, if any, which gave rise to immediate case (a), stating the underlying cause last.	DUE TO (b) DUE TO (c)				Lero		VA	
ICATIC		CONTRIBUTING TO DEATH				EN IN PART 1(o)	PERFOR	NO 🔯
	G 20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of in	jury in Part I or Par	rt II af item 18.)			
20c, TIME OF INJURY Month, I Hour a. m. p. m.	Day, Year 20d. It 19 While at wor	Not while	PLACE OF INJURY (Hon foctory, street, affice bl	ne, form, 20f. (City dg., etc.)	y or town}	(Count	1)	(State)
21. I certify that I attend alive an School Signature PHYSICIAN'S NAME (Type) Thomas	J. Dredge	29,,, and that dec	ath occurred at 3.	30PM, from	m the causes a street, city or town,	ind on the d state)	ate state	deceased above te signi
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 2/1	THEREOF	Dorchester	y or crematory Men. Park	22d. LOCA	TION (City, town, of Cambridge	or county) Maryla	and (State)
23. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral	S ervice	Cambridge,	Maryland o	ia. REC'D BY REGIS	15/1/3000	STRAR'S SIGNAT		

Cambridge, Maryland, DATEB 17'59

of director, ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page has been signed by the attending physician and completely filled in by the urial-transit permit. Then please remove carbon papers. Pages 1 and 2 sho Then please remove carban papers. the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. may be retained by page 3 shauld be TO HOSPITAL OR

VS A1S (4) 15M 9/SS

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CERTIFICATE OF DEATH 1832

Reg. Dist. No.

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	LACE OF DEATH COUNTY Dorchester MARYLAND	II o STATE	, , ,	b. COUNTY	sidence before admission)
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	NAME OF HOSPITAL (If not in hospitol, give street oddress) OF INSTITUTION Stern Shore State Hospital	d. STREET AI	DDRESS		e. IS RESIDENCE ON A FARM? YES NO 🔯
. 0	AME OF First Middle ECEASED Type or print) WILLIAM HENRY	9 rav	4. DATE OF DEATH	Fe b	Day Year 8 1959
S. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	9 1885	9. AGE (In years left) Mon	NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC dring mod of working life, even if retired)	ay Ma	ACE (State or foreign of	country) 12	CITIZEN OF WHAT COUNTRY?
	John a Shay	- Ju	MAIDEN NAME		
1S. Yes.		astern Sh	ore State	Hospital red	cords
	PART I. DEATH Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last. (b) DUE TO (c)	ArTer	-10scl	erosis	ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO V
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of	injury in Port 1 or Po	t II of item 1B.)	
MEDICAL		PLACE OF INJURY (Infoctory, street, office		y or town)	(County) (State)
	21. I certify that I attended the deceased from Jan Jalive an 1957, and that dea actual signature 1959, and that dea Physician's Thomas J. Dredge, M.D.	M.D.S.C.	2.50 AM, fra	m the causes and a street, city or town, stote) Lital Cam	of I last saw the deceased on the date stated above. DATE SIGNED Ambridge, Md.
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Sports)	711 1 11	weley Le	TION (City, town, or could	nty) (Stote)
23.	SUNERAL DIRECTOR'S SIGNATURE ADDRESS	and.	DATER 1 1 159	TRAR 246. REGISTRAR	S'SIGNATURE Hand

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECT
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be as sched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/5S

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TO FUNERAL DIRECT After this certificate has been signed by the attending physicion and campletely filled in by the fund of director,	page 3 should be carried for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should filed-with	the registrar priar to burial, cremotion, ar removal, and in any event within 72 hours after death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or ottending physician. VS A15 (4) 15M 10/57

		10	00	CEKIIF	CAI	OF DEAT			Reg. Di	st. No		
	PLACE OF DEATH o. COUNTY Dorches	ter		MARYLA	ND 2.	usual residence (WI o. STATE Maryland	iere deceas	ed lived. If institution b. COUNTY DOTC			ore admiss	ion)
R	RURAL and give ne	outside corporate limits orest town) Cambridge	, write	c. LENGTH OF STAY IN	1b >	c. CITY OR TOWN (If a		orote limits, write R	URAL ond	give ne	arest town	1)
	71 0	AL (If not in hospital, give	ve street o		1	d. STREET ADDRESS R F D # 3						IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	First Joseph		Middle Henry	J	losi ames	4. DATE OF DEATH	Mon Feb	ith	D.	1	Year
5.	Male		7. MARR	IED NEVER MARRIED		TE OF BIRTH Dec 27 187	73	9. AGE (In years last birthday) 85 79 yrs.	IF UNDER	1 YEAR Days	Hours	R 24 HRS. Min.
100	USUAL OCCUPATION during most of work	N (Give kind of wark doing life, even if retired)		kind of Business or i	NDUSTRY	11. BIRTHPLACE (Stole Maryland	or foreign	country)		S I		COUNTRY
13.	FATHER'S NAME				1.	. MOTHER'S MAIDEN N	IAME				31	
		John W Jame	S			Mary Ar	m Pri	itchard				
		IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFO	RMANT		Addı	ress		9.	
]	No			None	Mis	s Clara Jar	nes	Cambr:	idge	Mo	gryla	and
		TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	se per lin	coronary	HEAR	T DISEASE				INT	ERVAL BE	TWEEN
	420.1 Conditions, if or	DUE TO		ARTERIOS	CLERC	SIS						
	gove rise to in couse (o), stating t lying couse lost.	n mediate										
MEDICAL CERTIFICATION	PART II. OTH			ONCHO PNEUM		RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PAR	T I(o)	PERFO	AUTOPSY RMED?
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	206. DESC	CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in I	Port I or Po	ort II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year	20d. IN While of work	_ Not while _	e. PLACE factory	OF INJURY (Home, form street, affice bldg., etc	20f. (Ci	ly or lown)	(10)	County)		(State)
	21. I certify the	at I attended the	decease		-52	_,	-14-59	/ ''	that I			
	actual SIGNATURE	-11-59 B	2	under	eath ac	curred at 55P 200 Maryla	ADDRESS (Street, city or town,		he da		ed abave ATE SIGNE -59
		Albert E. B				Cambridge	Mar	yland				
B	REMOVAL (Specify)	Feb 1		22c. NAME OF CEMETE 959 Sprin			_	ATION (City, town, o		ryla	(Stote	e)
	funeral director's LeCompte Fi	signature uneral Serv	ice	Cambridge	e Ma	ryland DATED	D BY REGIS	STRAR 24b. REGIS	STRAR'S SIG		RE	

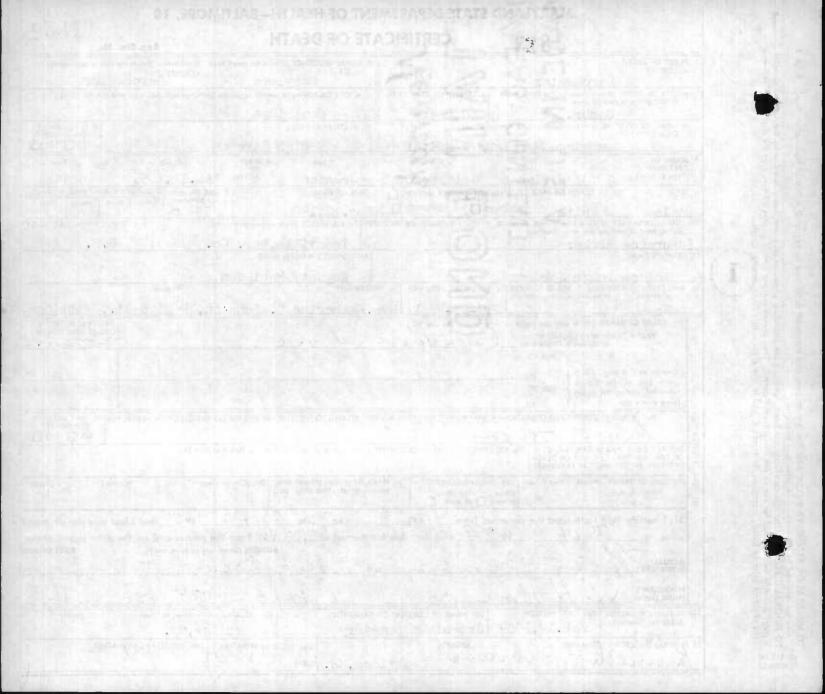
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1010

CERTIFICATE OF DEATH

3. NAME OF DECRASED (Type or print) First Middle Lost Goldsborough Johnson 5. SEX Male Widows Dover Repair Goldsborough Johnson 5. SEX Male Widows Dover Repair Goldsborough Johnson 6. COLOR OR REC 7. MARRIED NEVER MARRIED DOVORCED Dec. 12, 1900 7. AGE (In year) Funder Visual Frunder Widows Dover Repair Goldsborough Johnson 100. USJAN OCCUPATION (Gire kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 100. USJAN OCCUPATION (Gire kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 100. USJAN OCCUPATION (Gire kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 100. USJAN OCCUPATION (Gire kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 100. USJAN OCCUPATION (Gire kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 100. USJAN OCCUPATION (Gire kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 100. USJAN OCCUPATION (Gire kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 100. USJAN OCCUPATION (Gire kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 112. CITIZEN OF WHAT COUNTRY 11. AND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 113. KATERY SHAME 114. MOTHER'S MAIDEN NAME 114. MOTHER'S MAIDEN NAME 115. CAUSE OF DEATH 116. SCALUSE OF DEATH 117. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) IP. WAS AU PREPAIR OF ORDITION GIVEN IN PART I(o) IP. WAS AU PREPAIR OF ORDITION GIVEN IN PART I(o) IP. WAS AU PREPAIR OF ORDITION GIVEN IN PART I(o) IP. WAS AU PREPAIR OF ORDITION GIVEN IN PART I(o) IP. WAS AU PREPAIR OF ORDITION GIVEN IN PART I(o) IP. WAS AU PREPAIR OF ORDITION GIVEN IN PART I(o) IP. WAS AU PREPAIR OF ORDITION GIVEN IN PART I(o) IP. WAS AU PREPAIR OF ORDITION GIVEN IN PART		701	0	<u> </u>		0. 00.	•		Reg. D	Dist. No		
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b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CURAL ond give nearest town) CURAL OR MOSPITAL (If not in begind, give street address) OR INSTITUTION CAMBRIDGE A. STREET ADDRESS OR INSTITUTION CAMBRIDGE A. STREET ADDRESS OR INSTITUTION CAMBRIDGE A. STREET ADDRESS OR INSTITUTION S. SEX OR COLOR OR RACE A.	0. 0001411	Dorchester		MARYLAND	0		and	b. COUNTY	Dore	hest.	er	
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21. I certify that I attended the deceased from 1/0, 19.4, to 1/4, 19.5, that I last saw the decay alive an 1.4, 19.5, and that death occurred at 6.00 PM, from the causes and on the date stated ADDRESS (Street, city or town, stote) ACTUAL ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)		Y MEDICAL EXAMINER)										
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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		R'S SIGNATURE - D				-				GNATH	RF . A	



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	T094	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
o. COUNTY Dorcheste:	r	MARYLAND	2. USUAL RESIDENCE (Whee		on: Residence before admission)
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3. NAME OF DECEASED (Type or print)	First 1e	Middle	Loyd	4. DATE Mon	th Day Year 27 1959
5. SEX 6. COLOR OR	RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) yrs.	Months Days Hours Min.
during most of working life, even if	wark dane 10b. KIND (Cretired)	of Business or Indu	STRY 11. BIRTHPLACE (State of	of foreign country)	12. CITIZEN OF WHAT COUNTR
9 corge W	ILES		14. MOTHER'S MAIDEN NA	e Abbot	
IS. WAS DECEASED EVER IN U. S. ARM	dates of service)		astern Shore S	tate Hospital	
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20c. TIME OF INJURY Month, Do Haur a. m. p. m.		occurred 20e. PL for while for work	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended alive an Section 2 Section		_, and that death	accurred at 5350	M, from the causes o	
Burial, CREMATION, 226, DATE	2,1959 Wo	vame of cemetery of	nulfack the	2d. LOCATION (City, town,	Muzland
23. HUNERAL DIRECTOR'S SIGNATURE	Barton Bur. C	entrolle,	Mary Con DATE MAR	PT 100 00	thur S. Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be expected for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

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b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou			e nearest town)
RURAL ond give nearest town) rural Cambridge	App.10yrs	SalieL	urls	22x=	2
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t address)	d. STREET ADDRESS	1		e. IS RESIDENCE ON A FARM?
Eastern Shore State Hosp		HL!			YES NO
NAME OF DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH	Month	Day Year
	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	VEGES IF UNDER 13	19.5 9 (EAR) IF UNDER 24 HRS.
F WIDOV		Ava 21 189	lost birth	4 4	ays Hours Min.
Og. USUAL OCCUPATION (Give kind of work done 10)	- Д				EN OF WHAT COUNTRY?
House Work at Home		and the second s	am,Maryla		15.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA			ta loade its
George Hilghman		Elizabeth	n Brumble	У	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 Yes. no. or unknown) (If yes, give wor or dates of service)	s. SOCIAL SECURITY NO. 17.	Norman Stern Shore S	lone (Son)	R'do#1 Sa tal record	alisbury, Mo
18. CAUSE OF DEATH [Enter only one couse per			*		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	hoonis	Muscar	dial		ONSET AND DEATH
1422.2 IMMEDIATE CAUSE (o) DUE TO	The state of the s	11000			
Conditions if any which)		Dense	LNP.TN	Tion	Unk
gove rise to immediate				1 (13)	0 111
lying couse lost.				Carrier Told	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	ON GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Part II of item	16.)	·
200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or tawn)	(Cou	enty) (Stote)
Hour o.m. While	-	ctory, street, office bldg., etc.)			(Gloss)
21. I certify that I attended the decea	ised from Tech 1	, 1963, to F	20 22,1	959, that I las	st saw the deceased
olive on Feb 22 , 19	57, and that death	occurred ot 8.15 P	M, from the cou	ses ond an the	dote stoted above.
	-		DDRESS (Street, city or	town, stote)	DATE SIGNED
SIGNATURE TO THE TOTAL	Dredie	M.D. E.S.S. Hosp	ital, Camb	ridge, Md.	2-22-51
PHYSICIAN'S Thomas J. Dredg	ge O				
20. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City,	town, or county)	(Stote)
Burial Feb. 25, 195	Siloam Cem		Siloam,	Marylan	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D		REGISTRAR'S SIGN	ATURE
HOLLOWAY & COMPANY S	SALISBURY MAR		2 4 '59	arilan 8. 10	anus B
				~ /(

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECT the registrar priar to be VS A15 (4) 15M 9/SS

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1013				Reg. Dist	. No.
1. PLACE OF DEATH O. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. (COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		rochester	ve negrest town)
RURAL and give nearest town) Cambridge	2 Weeks	3 Cambridge			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Cambridge Maryland Hosp	•	Pleasant Str	reet		YES NO
3. NAME OF First DECEASED (Type or print) Harvey	Middle T Mon	redith	4. DATE OF DEATH	Month C	Day Year
		. DATE OF BIRTH		Feb. 9.	YEAR IF UNDER 24 HRS.
, , , , , , , , , , , , , , , , , , ,		05/	9. AGE (last bi	rthday) Months (Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work done 10b. during most of working life, even if retired)		0.10		12. CITIZ	ZEN OF WHAT COUNTRY
	eafood	Maryland		T	ISA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Lambert Meredith		Hester J.	Meredith		
	SOCIAL SECURITY NO. 17. INF	FORMANT	734	Address	
No.	None M	rs Edgar Cusi	ck Cam	bridge N	arvland
1B. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rellia				ONSET AND DEATH
420.0 DUE TO	. 1 1	1. 0	11 =		1
Conditions, if ony, which) (b) (C)	levis Eler,	tic hours	Stoca	20 -	
gove rise to immediate OUE TO					
tying cause lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISPASE CONDIT	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
3 Chemic hell	Kelrophie E	sleo les	Chrily		YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	art I or Part II of iten	n 1B.)	
Hour o. m. While	Not while facto	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town)	(Cc	ounty) (State)
p. m. 19 of wor	rk at work	177	1./0	-	
21. I certify that attended the deceas	sed from	1917, to 10	2/7	19,that I lo	ast saw the deceased
alive an Tale	9 and that death of	accurred at 14 h			a date stated above
ACTUAL ODOLA AND	Znaka -		DDRESS (Street, city	or Jown, state)	DATE SIGNE
SIGNATURE (VICTO)	M.	,200 Mas	years !	704,	0/10/5
PHYSICIAN'S Albert E. Bunke	er,M. D.	Cambr	idge, Mary	yland	
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City	r, town, or county)	(State)
Burial Feb. 11 L959	Zion Church (Cem.	Toddyill	e Marvl	and
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			46. REGISTRAR'S SIGN	
LeCompte Funeral Service	Cambridge N	VarylandowEB 1	1 '59	arthur S. Kr	all A

VS A1S (4) 15M 9/S5 0

01836

1836 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Dorches	ter	MARYLAND	2. USUA a. STA	L RESIDENCE (W	Contract of the Contract of th	d lived. If instituti b. COUNTY		e before or	
b. CITY OR TOWN RURAL ond give r	(If outside corporate limit		LENGTH OF STAY IN 16	c. CIT	Y OR TOWN (IF	outside corpo	rote limits, write R			
Lina			Life	X	Lina	s Ro	ad			
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in haspital, g	ve street ad	dress)	d. ST	REET ADDRESS				0	RESIDENCE ON A FARM? IS NO M
3. NAME OF DECEASED	Fin		Middle		Lost	4. DATE OF	Man	ith	Day	Yeor
(Type or print)	Willi	am	Stange	Mo]	ock	DEATH	$\mathbf{F}\epsilon$	eb.	10.	1959
5. SEX	6. COLOR OR RACE	7. MARRIEI	D NEVER MARRIED	B. DATE O	FBIRTH		9. AGE (In years last birthday)		-	JNDER 24 HRS.
Male	Negro	WIDOWED	DIVORCED [Dec.	5. 18	90	68 yrs.	Months	Days Ho	durs Min.
10a. USUAL OCCUPATI	ION (Give kind af work d rking life, even if retired)	ane 10b. KI	ND OF BUSINESS OR INDU	STRY 11. B	IRTHPLACE (State	ar foreign c		12. CITI	ZEN OF W	HAT COUNTRY?
Labo			od Packing	Do	rchest	er Co	Md.		USA	
13. FATHER'S NAME			Table 1		THER'S MAIDEN		9 11111		UDA	
	Ned M	olock		4		Anni	a Prov	700		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR			NFORMAN	T	HIIII	e Brow			
IYes, no, or unknown)	(If yes, give wor or dates of se	rvice]]- T			NE J	
		-		TIATI	Moloc	K, I	inas Ro	ad, l	Md.	
	ATH [Enter only one car ATH WAS CAUSED BY:								ONSET	AL BETWEEN
	IMMEDIATE CAUSE (a)	Ca	rdiac Decom	pens	ation					
420,0	DUE TO									
Conditions, if	ony, which) (b)	Ar	teriosclero	tic	heart	disea	se			
gave rise to	immediate (1111111	- 1	
lying cause lost.									-	
Z PART II. OT			NTRIBUTING TO DEATH BUT	NOT RELA	TED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19, W	VAS AUTOPSY
ATI									P	ERFORMED?
20g. ACCIDENT W	AS UNDERLYING T	20b. DESCR	IBE HOW INJURY OCCURRE	D. (Enter no	iture of injury in	Part Lor Par	t II of item 18.)		12.	, HO []
O (IF EITHER, NOTIF	G CAUSE OF DEATH							Ref 1		
20c. TIME OF INJU Hour o. m.	RY Manth, Day, Yea	While	URY OCCURRED 20e. PL Nat while for	ACE OF IN	JURY (Home, farm , office bldg., etc	n, 20f. (City c.)	or tawn)	(Co	aunty)	(State)
	hat I attended the	danasad	from January	7 10	57. F	ahrua	ry 10,059	1 - 1 1		M 1 1
alive an Fe										
alive an 1,6	Druary 10	1259	, and that death	occurre					e date s	
ACTUAL	WO.Man	1		00			reet, city ar tawn,			2-13-5
SIGNATURE	few jan			M.D. <u>20</u>	Pine	St-U	ambridg	e, Ma	•	スーエンー フ
PHYSICIAN'S J	. Edwin Fa	asset	t,M.D.							
22a. BURIAL, CREMATIO		F	22c. NAME OF CEMETERY O	R CREMATO	ORY	22d. LOCA	TION (City, tawn,	ar caunty)		(State)
Burial Specify	2/15/19	59	Linas Road	Cen	neterv		chester			Ma
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	1 061	-0-	D BY REGIST		STRAR'S SIGI	-	THU A
History	M/Stll 1	1/1	Cambrid	70 1	2.00					
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Item	1 F	ilmG239	2-2	7-59	et		

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e. IS RESIDENCE ON A FARM?

Day

YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES 🗍

(Stote)

NO TO

(Stote)

E. 18 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY G. STATE b. COUNTY MARYLAND Dorchester Talbot Maryl and b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cambridge months Easton d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS Glasgow Nursing Home Caldsbara NAME OF 4. DATE First Middle Last Month DECEASED (Type or print) DEATH WILLIAM T. NEAL Feb. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days DIVORCED T WIDOWED | Male white yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) auto mechanic Marvland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. H. Neal Anna Virginia Winterbottom 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-32-0217 Mrs. W. T. Neal Easton, Maryladn 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) factory, street, office bldg., etc.) 0. 11. Not while of work at work p. m. 21. I certify that I attended the deceased from Athat I last saw the deceased and that death accurred at 1.30 M, from the causes and on the date stated above. alive on ACTUAL PHYSICIAN'S aryanor Mil NAME (Type)

220. 8URIAL CREMATION, 226. DATE THEREOF

.1959

22c. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery

ADDRESSaton, Md.

22d. LOCATION (City, town, or county) Easton, Maryland

24a. REC'D BY REGISTRAR DATE FEB 2 5 '59

24b. REGISTRAR'S SIGNATURE Coving S. Firmes

0 VS A15 (4)

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	nerses Established Land Finder	Bridge of T. L. St.	
William Control	THE RESERVE OF THE PARTY OF THE	100	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1937 CERTIFICATE OF DEATH

¥00				Reg. I	Dist. No.
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	C. b.	If institution: Resid. COUNTY	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate lim	its, write RURAL onc	d give nearest town)
rural Cambridge d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Eastern Shore State Hosp:		d. STREET ADDRESS CALVAR	y Ro	1 1	e. IS RESIDENCE ON A FARM? YES NO [7]
3. NAME OF DECEASED (Type or print)	Middle	Velson	4. DATE OF DEATH	Month	Day Year 2 3 1959
5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH NOV. 27/88		(In years IF UNDI	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. 0	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ALEX T. NELS	.ON	14. MOTHER'S MAIDEN N		ERLING	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or uningown) (If yes, give wor or dates of service)		astern Shore S		Address	
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate coese (0), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS (1) 20a. ACCIDENT WAS UNDERLYING (c) 20a. ACCIDENT WAS UNDERLYING (F) 20b. DES CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	enetal	T NOT RELATED TO THE TERMIN		LEFOS	
	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	'art I or Port II af it	em 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. II Hour a. m. p. m. 19 While at wor	Not while fo	LACE OF INJURY (Home, form, actory, street, affice bldg., etc.	, 20f. (City or tawn)	n)	(County) (Stote)
21. I certify that I attended the decease alive on Seb 32 192 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Thomas J. Dredge		h occurred at 3.30	ADDRESS (Street, cit	causes and on	I last saw the deceased the date stated above DATE SIGNED Md. 2-23-5
220. BURIAL, CREMATION, 22b. DATE THEREOF TEMOVAL (Specify) 2-24-59 23. FUNERAL DIRECTOR'S SIGNATURE BRADSHAW + SONS.	22c. NAME OF CEMETERY C ASBURY C ADDRESS	EMETERY	CRISE	ity, tawn, ar county IELO 24b. REGISTRAR'S S	MD.
			# 0 mb	Conson L.	Tualla

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FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-			Mary and a life		Garage Contract	J- JU- J7	G U		MAR' F	2101. 144		
ı, PL	ace of Death County	200	9	MARY	LAND	2. USUAL RESIDENCE 0. STAPEATYLE	E (Where deced	sed lived. If institu b. COUNT			fore odm	
-	CITY OR TOWN (H and give necrest lown) ewards	outside corporate limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN		porote limits, write	RURAL on	d give n	earest la	wn)
d.	NAME OF HOSPITA	L OR INSTITUTION (I	f not in hos	pital, give street address)	d. STREET ADDRES	SS				ON	ESIDENCE A FARM?
DE	AME OF ECEASED ype or print)	Fin Jan	nes	Middle J		rth	4. DATE OF DEATH	Feb		Doy 20,		Year 19 59
5. SE)	X Male	6. COLOR OR RACE White	7. MARRIE	ED NEVER MARRIED DIVORCED		DATE OF BIRTH August 15,	1882	9. AGE (In years lost birthday) 76 yrs.	IF UNDER	Days	Hours	Min.
Wa	aterman	N (Give kind of work of life, even if retired)		afood	NDUSTR	Maryla		auntry)		S A	F WHAT	COUNTRY
13. F	ATHER'S NAME					14. MOTHER'S MAIDE	EN NAME					
	James J						nia Rob	bins				
No.	io, er unknown)	R IN U. S. ARMED FOI	RCES? 16.	social security no. L5 20 1303		ussell Nor	th Ca	mbridge	Mary	ylan	d	
ICATION	Canditions, if on gave rise to immed (o), stoting the vicouse lost. FART II, OTH	ote couse DUE TO (c). ER SIGNIFICANT CONI		DITRIBUTING TO DEATH					'EN IN PAR	RT 1(a) 1		AUTOPSY DRMED? NO
	OO. EXTERNAL CAU RIMARY OF OF CON CAUSE OF DEATH.	SE WAS TRIBUTING	b. DESCRIBE	E HOW INJURY OCCURE	RED. (Ent	ter nature of injury in	Part I or Port II	of item 18.)				
MEDICAL	Oc. TIME OF INJUR Have a.m. p. m.	Y Manth, Day, Yea	White		foctor	OF INJURY (Hame, I y, street, office bidg.,	form, 20f. (Cit)	or town)	(Co	unly)		(Slote)
o A	ACTUAL SIGNATURE		latural o	emains described causes . Accid	ent [, Suicide ,		Undete	,	, ,	er 🔲	d in my
220. Bu	BURIAL CREMATION	Feb 22,	1959	22c. NAME OF CEMETER Greenlaw		REMATORY		non (City, town, cambridge	20	yla	(Store	0)
23. FL I	LeCompte 1	signature funeral Ser	rvice	Cambridge	Man	rylahd	MAR 2 4 '5		STRAR'S SIC			

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VS A1S (4) 1SM 9/SB 100

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1821 CERTIFICATE OF DEATH

8 01839 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Dorcester	MARYLAND	2. USUAL RESIDENCE (W		d. If institution b. COUNTY	Residence before Wicomi	
b. CITY OR TOWN RURAL and give	(If autside carporate limits, wrinegrest town) Cambridge	ite c. LENGTH OF STAY IN 18		outside carparate l lela (Ru		RAL and give ne	carest town)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give st Cambridge M	d Gen.Hospit	d. STREET ADDRESS R.D.	#			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	LEWIS	ADDISON	PHILLIPS	4. DATE OF DEATH	Manth Feb		Year 11 19 59
s. sex Male	1.71 a d da = 1	MARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH Jan. 29, 188	a la		Moths 12	R IF UNDER 24 HRS. Haurs Min.
Retired H	rking life, even if retired)	10b. KIND OF BUSINESS OR INI Farming	Mardela,	Maryla		12. CITIZEN O	S A
13. FATHER'S NAME	n Spencer Ph	illing	Charlott		man		
	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	r'Nº Metitia F	.Philli a.Maryl	-	35	
Canditians, if gave rise ta cause (a), stating lying cause last	g the under-	Hyperter		MINAL DISEASE CO	NDITION GIVE		19. WAS AUTOPSY PERFORMED? YES NO X
20a. ACCIDENT V	VAS UNDERLYING 20b. IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature af injury in	Part I ar Part II a	item 1B.)		IS NO M
20c. TIME OF INJU Haur a. m p. m	. 10 W	Od. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, far factory, street, affice bldg., e		wn)	(Caunty)) (State)
21. I certify alive on	that I attended the dec		119, 19, tay		causes and	an the date	w the deceased e stated above DATE SIGNED 71959
PHYSICIAN'S DI	r.Lawrence M	aryanov	136 Race S	St. Can	bridge	e, Mary	land
22a. BURIAL, CREMATI REMOVAL (Specif BURIAL	Feb.14,19	59 Mardela	or crematory Cemetery(New	Part)	Marde:	la, Ma:	
23. FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR		RAR'S SIGNATU	
HOTTOMAY	& COMPANY	SALISBURY MA	RYLAND DATE F	EB 1 6 '59	Cint	hur & That	ud.

			1921	
	Brodynini			
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	1.00	Let Level and In	hambironeD"	
the first service.		MORIGGA		
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AY I SUBL	THE HEAT DE	MYDORTER		
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Den. 13 /1959		Mary was		
Lage, Maryland	136 lade 3t. Cembe			
racin, Marylend	es (due seek) Quedes.	Maintel Pag		
		SALISTON MAN		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1000 MEDICAL EVAMINED'S CERTIFICATE OF DEATH

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FOR ST			1066 MEDICAL EXAMINER 3 CEN	Reg. Dist. No.) 1 ()
HEALTH	DEPT.	1.	PLACE OF DEATH a. COUNTY Dorchester MARYLAND 2. USUA 0. ST.	TAL RESIDENCE (Where deceased lived. If institution: Residence before admittant Maryland b. COUNTY Dorcheste	
Page iles. ealth,	1			ITY OR TOWN (If autside carporate limits, write RURAL and give nearest to	
stor.	M		Cambridge, Md. 1 Hr.	Linkwood	,
dire	10		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. ST		ESIDENCE A FARM?
rol rol s	6/		Cambridge, Maryland Hospital] NO [
delay he fune retoin ne Stat	5	3.	NAME OF DECEASED (Type or print) Louise Thompson Pinder	OF Wale	9 59
to the		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF	F BIRTH 9. AGE IIN years IF UNDER TYEAR IF UND	ER 24 HRS
mag mag			Female Negro WIDOWED DIVORCED Apr	11, 12, 1913 tost by the yes. Months Days Hours	Min.
one one one one one one one one one one		10	to, USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	COUNTR
Pog Pog			Laborer	Maryland USA	
M3.		13	3. FATHER'S NAME 14. MOT	THER'S MAIDEN NAME	
Pogs P	4	4	Lewis Thompson 0	llie Wilson	
ile ile			5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN	1100000	
in 2 ith it			No	e Pinder Linkwood, Md.	
With 18 B			18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWI	EEN
d pour		H	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular		irs.
is is		E	33/X DUE TO		
Offi Offi			Canditions, if any, which) (b)		
d b			gove rise to immediate cause (a), stating the underlying DUE TO		
mine of the			cause last. (c)		
icate si ending of Exar used as	0	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE		AUTOPSY RMED?
ward " Medic sld be prial, a				re af injury in Port I ar Part II af item 18.)	
NER: The og the Chief		MEDICAL	20c, TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJ	JURY (Home, farm, 20f. (City or tawn) (Caunty)	(State)
Pog pri			21. I certify that I took charge of the remains described above, held	ld an Autapsy , Inspection K, Inquiry , an	d in my
EX Bd			opinion death resulted from: Natural causes 1, Accident , Su		
AL		1			
orw orw IRE			SIGNATURE JALLE M.D. C.	THIEF MEDICAL EXAMINER [SIGNED
TY ME do ld be full RAL D lesigno	2		EXAMINER'S TOO To be Made To	SSISTANT MEDICAL EXAMINER 1 2/6/59	
Cute Cute		22	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATO	ORY 22d. LOCATION (City, town, or county) (State	e)
0 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			Burial 2/5/59 Bucktown Cemeter	ery Nr. Vienna, Dor. Md.	
		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
VS. A15ME 5M 2/57	10		Herbert St. Clair Cambridge, Md.	DATE FEB 1 3 '59 Orthun & Knaus	

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		Will grot per 125			The state of
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CERTIFICATE OF DEATH

11841 Reg. Dist. No.

1888	CERTIFICA	AIL OI DLAII		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (W a. STATE	here deceased lived. If institution b. COUNTY	ni Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Cambridge	NGTH OF STAY IN 16	Prince	outside corporate limits, write RU	RAL and give nearest town) 19 X - 2
d. NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION Eastern Shore State Hospital	s)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
O. NAME OF First DECEASED (Type or print) O - Lando	1 Middle	Ruark	4. DATE Month of DEATH FELD	h Day Year
6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost lightdoy) 882 / 6 yrs.	Months Days Hours Min
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm , n G	OF BUSINESS OR INDU		or foreign country) / a n d	12. CITIZEN OF WHAT COUN
Peter Ruark		14. MOTHER'S MAIDEN		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA		astern Shore	State Hospital	
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o), (b), and (c).]	Preum	onia	INTERVAL BETWEEN
Conditions, if any, which gave rise to immediate code (a), stating the under-lying couse last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRI	ED. (Enter noture of injury in	Part I or Part II of item 18.)	
	OCCURRED 20e. P	LACE OF INJURY (Home, forroctory, street, office bldg., etc	n, 20f. (City or town)	(County) (Sto
21. I certify that I attended the deceased frolive on 1959				that I lost saw the deceded
ACTUAL SIGNATURE TO MASSO. D	redge	M.D. State Ha	ADDRESS (Street, city or lown, s	
PHYSICIAN'S Thomas J. Dredge. 1	M.D. Ea	stern Shore S	tate Hospital.	Cambridge, Md.
Premoval (Specify) 2 - 10 - 59 7	NAME OF CEMETERY O	OR CREMATORY Cometers	22d. LOCATION (City, town, or	county) (Stote)
· · · · · · · · · · · · · · · · · · ·	ADDRESS /	Rom Market	'D BY REGISTRAR PEB 1 3 '59 24b. REGIST	TRAR'S SIGNATURE arithury S. Frank

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be acked for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shout filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs efter death. VS A15 (4) 15M 9/SS

death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester MARYLAND Maryland Caroline b. CITY OR TOWN III autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 2 mo. 9 days Federalsburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE Eastern Shore State Hospital YES NO IX Middle 4. DATE Lost Month Yeor DECEASED (Type or print) Chester Auther Scott DEATH 1959 February 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. fast birthday) Months Hours WIDOWED [DIVORCED T October 5. Male White 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Salesman Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Scott Meg Sullivan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ilf yes, give war or dates of service) Eastern Shore State Hospital Unk. RECORDS: 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN PART I, DEATH WAS CAUSED BY: Coronary occlusion Few Min IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, If ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO DO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) While Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion death resulted from: Notural causes A, Accident , Suicide , Homicide , Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S John Mace Jr. NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 2-5-59 Hillcrest Cem. Federalsburg. Md. Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE FEB 9

Collins & France

MEDICAL EXAMINARY S CERTIFICATE OF DEATH tures in mist

THE PROPERTY AND PROPERTY OF THE PROPERTY OF THE PROPERTY AND

TOTAL PLANT

death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1842 CERTIFICATE OF DEATH

Reg. Dist. No.

	0.24						Keg. Dist. N	10.	
1. PLACE OF DEATH o. COUNTY				USUAL RESIDENCE (WI	here deceased I	ived. If institution b. COUNTY	: Residence be	fore admiss	ion)
Dorches	ster	MARYLAN	D	Mary.	land	B. COON11	Dorch	este	r
b. CITY OR TOWN (If autside corporate li RURAL and give nearest town)	mits, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If	outside corporol	le limits, write RUI	RAL and give r	nearest town)
Rural-Cambrid	ge		1X	Rura	1-Camb	ridge			
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION	give street a	ddress)	= 1	d. STREET ADDRESS					IDENCE FARM?
(Type or print)	Fina ttie	Middle		Stanley	4. DATE OF DEATH	Month Feb.		/	Year 1959
5. SEX 6. COLOR OR RAC	E 7. MARRIE	D NEVER MARRIED	3. D/	TE OF BIRTH	9.		FUNDER TYE	-	
Female Negro	WIDOWED	DIVORCED [Se	ept 6. 19	01	57 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of wor during most af working life, even if retir	k done 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	ar foreign cou	ntry)	12. CITIZEN	OF WHAT	COUNTRY?
Housewife		Housewife		Dorches	ter Co	. Md.	II	SA	
13. FATHER'S NAME		TOUSOWALO	14	. MOTHER'S MAIDEN		1100		D. A.	
Samuel	Johns				Sarah	Jane Yo	าเทอ		
15. WAS DECEASED EVER IN U. S. ARMED FO		OCIAL SECURITY NO. 11	7. INFOR		Daran	Addres			
Yes. no. or unknown If yes, give wor or dates or	of service)	None	Lou	uise Wong	us, RF	D 2, Ca	mbrid	ge,]	Md
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE Conditions, if any, which gove rise to immediate coese (a), stating the under-lying cause last.	(b) ges (c) Me	seral des	beli vy	Lovelan Love			7	May May	158
PART II. OTHER SIGNIFICANT CO Heffulture 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL CIFETITER, NOTIFY MEDICAL EXAMINER	UR CO	ONTRIBUTING TO DEATH	BUT-NOT	RELATED TO THE TERM	INAL DISEASE (CONDITION GIVE	N IN PART 1(o)	PERFO	RMED?
	206. DESCI	RIBE HOW INJURY OCCU	RRED. (Er	iter noture of injury in	Port I ar Part II	of item 18.)			
ZOc. TIME OF INJURY Month, Day, Hour a.m. p. m. 15	While	IURY OCCURRED 20e Not while of work	foctory,	OF INJURY (Home, farm street, office bldg., etc	n, 20f. (City o	r town)	(Count	у)	(State)
21. I certify that I attended the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Ja Mes	12 5	~ /	m.D.	, 1958, to 1 curred at 3 l		,		late state	
220. BURIAL, CREMATION, 22b. DATE THER REMOVAL (Specify)	EOF 0.50	22c. NAME OF CEMETER			100000	ON (City, town, or		(State	e)
23. FUNERAL DIRECTOR'S SIGNATURE	0	Salem Ce ADDRESS Cambri		24a. REC'	D BY REGISTRA		RAR'S SIGNAT	UREA.	

and wind agest	HTABUFIO IT	CERTIFICA	*
9	AT HEROTE, PRINTING HE		

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ealth, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1824 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-		2003							Keg. Disi	. 140.	
1.	PLACE OF DEATH	Dorchester		MARY	LAND	2. USUAL RESIDENCE (W		sed lived. If institu b. COUNT	tion: Residence Y Dorch	e befor	e admission)
l	. CITY OR TOWN (t outside corporate limits, wri	e RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					
	and give nearest town	Cambridge		entire lis	te l	/3 Cembridge					
(d. NAME OF HOSPIT	AL OR INSTITUTION	If not in he	ospital, give street address)	d. STREET ADDRESS					e. IS RESIDENCE
		2 Cedar St				2 Ceda	r Str	eet			YES NO T
3.	NAME OF DECEASED	Fi	18	Middle		Lost	4. DATE	Month)	Doy	Year
	(Type or print)	Elizab	eth	Simmons	5	Thomas	DEATH	Februar	y 28,1	959	19
5. 5	SEX	6. COLOR OR RACE	7. MARE	IED 😡 NEVER MARRIED	■ B.	DATE OF BIRTH		9. AGE (In years lest birthday)	IF UNDER 11	The state of the s	F UNDER 24 HRS.
	Female	White	WIDOW	ED DIVORCED [Mar.24,1885		73 yrs.	Months Do	oys I	Hours Min.
10o	USUAL OCCUPATION	ON Give kind of work	done 10b.	KIND OF BUSINESS OR I		Y 11. BIRTHPLACE (State	or foreign o	country)	12. CITIZE	EN OF	WHAT COUNTRY?
	Homemaker	ng life, even if retired)				Taylors Is	land.	. br		U.S	77 (2)
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N		. 202		0.0	
		John Simmo	ns			Anna (last	name	unknown)			
15.	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. IN	FORMANT		Address			
[74	No	(it yes, give war er dares at		18-16-7309	He	nry S.Stephe	ns. Ca	ambridge.	Md.		
	18. CAUSE OF DEA	TH (Enter only one co	use per line	for (a), (b), and (c). }						INTERVA	L DETWEEN
	PART I. DEA	TH WAS CAUSED BY:		Conchuol Uem	a wal	0.70				ONSET A	AND DEATH
	442X	IMMEDIATE CAUSE (o)	Cerebral Hem	OFF	la F 8				- 1	
	Conditions, if o	DUE TO	Anta	ricenlomatic	harr	outonaiwa ac	ndia			9	
	gave rise to imme	diale cause (WI CO.	10261010016	пу	ertensive ce					
	(a), stating the	underlying DUE TO				re	enal d	isease.			
X	PART II, OTI		-	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART I	(0) 19.	WAS AUTOPSY
ATIC			- 26								PERFORMED?
FTC	20g. EXTERNAL CAL		DESCRI	BE HOW INJURY OCCUR	RED (En	ter nature of injury in Part	Lor Part II	of item 18 t		10.	an work
CERTIFICATION	20g. EXTERNAL CAL PRIMARY OF OF CO CAUSE OF DEATH.	NTRIBUTING []	VE. DESCRI	be now hooks occom		an an	1 OI ren II	or nem (e.j			
3	20c. TIME OF INJU	RY Month, Day, Ye	or 20d.	INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, form	20f. (City	or town)	(Count	y)	(State)
MEDICAL	Haur a.m. p.m.	19	Whi at w	le Not while	facte	ry, street, office bldg., etc.					
~		hot I took charge			obov	e, held on Autopsy		nspection .	Inquiry		and in my
				causes , Accid					. ,	manual.	
	ACTUAL SIGNATURE	Edridas.	AU	Kell		M.D. CHIEF MEDICAL EX	AMINER 🗍				DATE SIGNED
		1	1	11		ASSISTANT MEDICA	AL EXAMINE	R		3	-2-59
	EXAMINER'S NAME (Type)	Eldridge H.	Wol	ff, M.D.		DEPUTY MEDICAL E	XAMINER	¥			
220	BURIAL, CREMATIC	N, 226. DATE THERE		22c. NAME OF CEMETE	RY OR (REMATORY	22d. LOCA	TION (City, Iown, o	or county)		(State)
	REMOVAL (Specify)	March 2.	1959	Dorchester	Mem	orial Park		abridge.			
23,	FONERAL DIRECTOR	'S SIGNATURE		ADDRESS .		24n REC'I	BY REGIST		TRAR'S SIGN	ATURE	
人	female	ILK. OK	Alu	Cambrida	16	DATE M	AP 4	59 0	Thur &	4	
				1 124 (II LITTO I C) CI	(3) D/I 4	d Louis M	F163 T	4-	DUNNAME I	I I A at 1 1.	-

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Rea. Dist. No.

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1. PLACE OF DEATH o. COUNTY Dorchest	Cer		MARYLAN		USUAL RESIDENCE (Vo. STATE Maryland		b. COUNTY	rchest	before admission)
b. CITY OR TOWN RURAL and give Linkwood	(If outside corporate limits, nearest town)	write c. L	ength of stay in 2 Momth	IV.	c. CITY OR TOWN (III Cambridge	f outside carpo	rate limits, write R	URAL and giv	re nearest tawn)
d. NAME OF HOSE OR INSTITUTION	Murich Home			1	d. STREET ADDRESS F D # 3				e. IS RESIDENCE ON A FARM? YES NO B
3. NAME OF DECEASED (Type or print)	First John		Middle		lost	4. DATE OF DEATH	Mon Feb		Day Year 11, 19 59
s. sex Male		MARRIED [NEVER MARRIED	B. D/	ATE OF BIRTH	About	9. AGE (In years lost birthdoy)	IF UNDER 1	YEAR IF UNDER 24 HR Pays Hours Min.
Scool Tea	ION (Give kind of work do brking life, even if retired) acher Ret.		of Business or in	NDUSTRY		ite ar fareign co	ountry)		EN OF WHAT COUNT
3. FATHER'S NAME				14	. MOTHER'S MAIDEN				
	el E. Thompso					y Webb			
5. WAS DECEASED EV	ER IN U. S. ARMED FORCE	SP 16. SOCI	AL SECURITY NO.	17. INFOR	MANT		Add	ress	
No		No	one	Dı	J U Tho	mpson	Cambri	.dge	Maryland
cause (a), stoling lying cause last Part II. O		TIONS <u>CON</u> T	RIBUTING TO DEATH	BUT NOT	RELATED TO THE TERA	MINAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTOPS' PERFORMED? YES NO
20a. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE	HOW INJURY OCCU	JRRED. (Er	ter nature of injury in	n Port I or Port	II of item 1B.)		_ TES _ NO _
20c. TIME OF INJU Haur a. m. p. m.	IRY Month, Day, Year	While	Y OCCURRED 20e Not while ot work	e. PLACE (foctory,	OF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or tawn)	(Co	unty) (State
21. I certify to alive an	hat I attended the d	eceased for 1959		eath occ	urred at 26	M, fram		nd an the	st saw the decea
20. BURIAL, CREMATION REMOVAL (Specify Burial	Feb 16,	1959	NAME OF CEMETER		MATORY		ion (City, town, o		(Stote)
3. FUNERAL DIRECTO			ADDRESS			C'D BY REGISTI	RAR 24b. REGIS	TRAR'S SIGN	ATURE
eCompte Fu	meral Servic	e 0	ambridge	Man	yland DATE	9 1 9 159	0.71	- 0 H	

CRETIFICATE OF DILLERS

VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1844	CERTIFICA	ATE OF DEATH		Reg. I	0184 Dist. No.	7
1	Dorchester	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	Ь.	If institution: Resid	ence before admission)	
Г	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limi	its, write RURAL one	d give nearest town)	V
	rural Cambridge	3 YEARS	Cristie	Li	1939	1.2	
	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION State Hospi	tal	d. STREET ADDRESS Secone	157		e. IS RESIDENC ON A FARM YES NO	
3	NAME OF First DECEASED (Type or print)	L. Middle	Lost	4. DATE OF DEATH	Month	Day Year 195	-07
5	SEX 6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED DIVORCED	8-DATE OF BIRTH Aug 218	9. AGE lost lost	(In years birthday) Months	ER 1 YEAR IF UNDER 24 H	
11	Oo. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	r foreign country)	12. C	TITIZEN OF WHAT COUN	VTRY
L	HOUSEWIFE	T HOME	Maryl	end		USA	
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
L	WILLIAM H. WHAR	TON	BINKNOW	N			
	Yes, no, or unknown) (If yes, give war or dates of service)		nformant estern Shore St		Address ital reco	ords	
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ULE TO Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. (c)	he for (a), (b), and (c).]	Myocaro	lial	Tion	INTERVAL BETWEEN ONSET AND DEATH	17
CEPTIEICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE COND	ITION GIVEN IN PA	ART 1(o) 19. WAS AUTOP PERFORMED? YES NO	?
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	rt I or Port II of ite	om 16.)		
AMEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while fa	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town	1)	(County) (Sto	ote)
100000000000000000000000000000000000000	21. I certify that I attended the decease olive an Feb 12, 195 ACTUAL SIGNATURE J. J. J.	and that death	n occurred at 1.10 P AL M.D. E.S.S.Hospi	M, from the o	couses and an		GNE
-	PHYSICIAN'S Thomas J. Dredge		ESS.It.C	-e-m	bridge	ma	
L	20. BURIAL, CREMATION, PEMOVAL (Specify) BURIAL 22b. DATE THEREOF FEB. 15, 1959	1	E CEMETER!	CRISFIE	ty, town, or county	YLAND	
23	BRADSHAW & SONS -	CRISFIELD, MD			246. REGISTRAR'S S		

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	and protest	THE NUMBER OF THE PARTY.	
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MAR	YLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1

CERTIFICATE OF DEATH Rea. Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY b. COUNTY Dorchester MARYLAND Maryland Dorchester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give neorest town)
Federalsburg - Rural Life Federalsburg - Rural d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. #1 R.F.D. #1 YES NO NAME OF First Middle 4. DATE Month Day DECEASED DEATH (Type or print) Isaac Leonard Wheatlev February 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH tast birthday) WIDOWED | DIVORCED T Male White April 13. 1886 10c. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farm Owner Dorchester Co., Maryland Farmer U.S.A. 13. FATHER'S NAME Isaac L. Wheatley Elizabeth Davis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Lucy M. Wheatley, Federalsburg, Md., RFD None No 18. CAUSE OF DEATH [Enter only one couse per_line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Hour o. m. While Not while ot work at wark 19____,that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 5:50 PM, from the causes and on the date stated above alive an ADDRESS (Street_ city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S W. E. Lennon, M.D. Federalsburg. Maryland NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Rurial 23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery Feb. 4. 1959

22d. LOCATION (City, tawn, ar county)

Federalsburg, Maryland 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ADDRESS J.J.F.amptom and Son, Federalsburg, Maryland

DATE FEB 6

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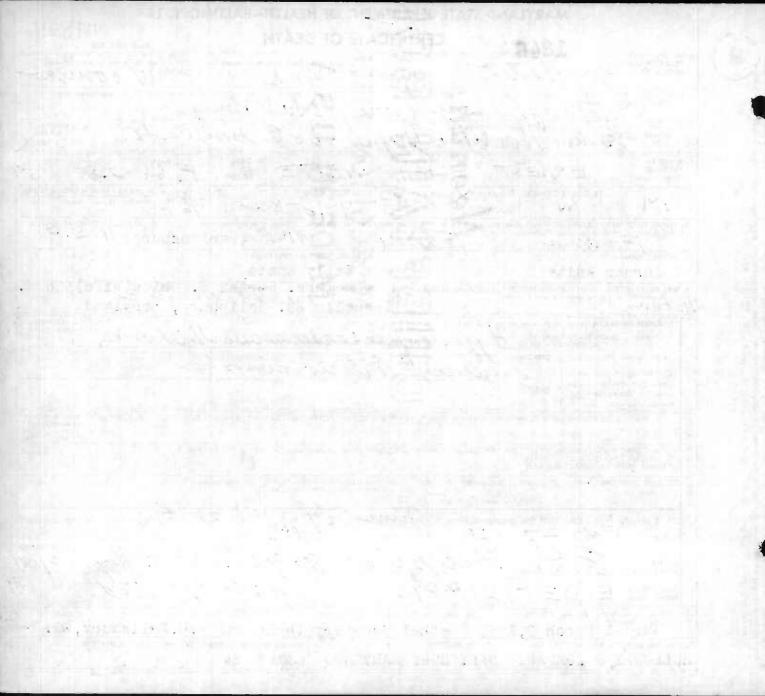
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,
1846 CERTIFICATE OF DEATH

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	III.	0	4,5

Reg. Dist. No.	T)
1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on STATE of the County o	sian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town). 3 4. 4 May 2 Land give nearest town 2 2 12	n) 2
	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print) ERNEST ELIAH WHITE 4. DATE OF DEATH DEATH DEATH	Year 19 5
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Solution Soluti	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT (Parsonsburg)	COUNTRY?
13. FATHER'S NAME	
Turner White Emily Ennis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mrs. Bertha E. Whitete (W1fe) 50 [If yes, give wor or doles of service])8 E.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LY LY 3 X DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under: Lying couse last. Conditions (c) DUE TO (c)	DEATH
YES	AUTOPSY DRMED?
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while at wark a	(State)
21. I certify that I oftended the deceased fram free, 187, to Feb. 28, 195, that I lost saw the colive on 125, 1959, and that death occurred of 1950, AM, from the causes and on the date state. ACTUAL SIGNATURE ACTUAL SIGNATURE	
PHYSICIAN'S E. DEFILIPPIS Cambridge Med.	/ /5
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Storman State of County) (Storma	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MARYLAND DAMAR 3 '59	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01850

				Keg. D	151. No.	
PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (WH		l. If institution: Reside	nce before admi	ssion)
Dorchester	MARYLAND	Mary]			cheste	r
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate li	mits, write RURAL and	give nearest to	vn)
Cambridge	Life	13 Cambr	2066			
d. NAME OF HOSPITAL (If not in hospital, give street oddre		d. STREET ADDRESS	-ugc			SIDENCE
408 Pine Street	408 F	ON A FARM?				
NAME OF First DECEASED	Middle	Lost	4. DATE	Month	Day	Year
(Type or print) Sarah	Emma	Young	OF DEATH	Feb.	28.	19 59
	NEVER MARRIED	8. DATE OF BIRTH	9. AC	E (In years IF UNDE	R 1 YEAR IF UNE	DER 24 HRS.
Female Negro WIDOWED		00+ 08 1	1908	f birthdoy) Months	Doys Hours	Min.
Da. USUAL OCCUPATION (Give kind of work done 10b, KIND	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote		//	TIZEN OF WHA	T COUNTRY
during most of working life, even if retired)						. coortin
Laborer Fo	od Packing	Dorchest 14. MOTHER'S MAIDEN N		ity, Mai	USA	
Stephen Blake			osie Ho	orsey		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI		NFORMANT		Address		
No 220-	-10-6110 H	enry Young.	Cambri	idge, Md.		
18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), ond (c).]				INTERVAL	ETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) COI	conary Thre	ombosis			ONSET AN	2ºhrs
DUE TO			1216		2.2	
Conditions, if ony, which)						
gove rise to immediate						
couse (o), stoting the under-					,	
lying couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN IN PA	PERF	ORMED?
20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED	O. (Enter noture of injury in I	Port I or Port II of	item 18.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year 20d. INJUR' Hour o. m. p. m. 19 While of work	Y OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or to	wn)	(County)	(Stote)
Hour o. m. While of work	Not while of work	tory, street, office bldg., etc.	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(5.5.5)
		70 7	3	19 [0		
21. I certify that I attended the deceased for	rom Septem	ber 1952, 19 re	bruaryz	0 19 27, that I	last saw the	decease
alive an February 28 , 19 59	, and that death	occurred at P	_M, fram the	causes and on	the date stat	ted above
061.11	2		ADDRESS (Street, o			ATE SIGNE
SIGNATURE VALUE SIGNATURE	7	w.p. 227 Pin	e St-Ca	amb., Md.	3-	4-59
PHYSICIAN'S J. Edwin Fasset	t,M.D.					
	. NAME OF CEMETERY OF	CREMATORY	22d LOCATION (City, town, or county)	/**	441
REMOVAL (Specify)					(Sto	nej
BUTIAT 3/5/1959 3. FERNERAL DIRECTOR'S SIGNATURE	Bethel Cem	etery	_Cambr			
21 + 1 × 1 × 1 × 1 × 1	/		D BY REGISTRAR	246. REGISTRAR'S SI		
Viller Willed	Cambridg	e. Md. Die S	'59	allen 8 #		

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fipage 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shouther registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. haspital ar attending physicion. may be retained by TO FUNERAL DIRECTOR VS A1S (4) 15M 9/55

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